

2020 Health Insurance for Uninsured Montanans Credit

Form HI V1 6/2020

15-30-2367, MCA and 15-31-132, MCA

Name (as it appears on your Montana tax return)									
Social Security Number OR				Federal Employer					
Part I. Partners in a partnership or shareholders of an S corporation									
Enter your portion of the health insurance for uninsured Montanans credit here. (See instructions)									
Business name of partnership or S corporation Federal Employer									
				Identification Number					
Part II. Qualifications									
To qualify for this credit, you must answer Yes to all of the four statements below. For the period that I am claiming the credit:									
I have been in business in Montana for at least 12 months						1.	☐ Yes	□ No	
2. I employ at least 2 but not more than 20 employees who work at least 20 hours per week						2.	☐ Yes	□ No	
3. I pay at least 50% of each Montana employee's insurance premium						3.	☐ Yes	□ No	
4. It has been 36 months or less since I first claimed this credit						4.	☐ Yes	□ No	
Part III. Credit Computation. This tax credit is limited to a maximum of 10 employees.									
Column A Column B Column C Column D Column E Column F Column G									
	Enter the	Enter the	This is	Multiply the	Enter the	- 1	/lultiply the	Multiply the	
Employee	employee's	percentage	your	amount in Column B	number	- 1	amount in Column A	amount in Column D	
	monthly	of premiums paid by	maximum	by the	of months each		by the	by the	
	premium	amount you as an credit		amount in employe			amount in	amount in	
	arriourit.	employer.		Column C.	is insured.		Column E.	Column E.	
1.		%	\$25			-			
2.		%	\$25			-			
3.		% %	\$25						
4. 5.		%	\$25 \$25						
6.		%	\$25			+			
7.		%	\$25						
8.		%	\$25						
9.		%	\$25						
10.		%	\$25						
Total									
1. Multiply the total of Column F by 50% (0.50) and enter the result									
Enter the total of Column G							2.		
3. Enter the smaller of line 1 or line 2. This is your health insurance for uninsured Montanans credit 3.									

Where to Report Your Credit

► Form 2, Nonrefundable Credits Schedule

► Form PTE, Schedule II

► Form CIT, Schedule C

If you file your Montana tax return electronically, you do not need to mail this form to us unless we ask you for a copy. When you file electronically, you represent that you have retained the required documents in your tax records and will provide them upon the department's request.

Form HI Instructions

I am an employer who paid traditional health insurance premiums for my employees but heard this referred to as a credit for employers who paid disability insurance premiums. Is there a difference?

Disability health insurance is insurance against the following:

- bodily injury, bodily disablement or accidental death, or the medical expense or medical reimbursement involved; or
- bodily disablement or the medical expense or reimbursements resulting from sickness.

Disability insurance is the same as "health insurance" and includes any insurance plan offered by an insurance company that provides coverage for the following conditions:

- personal health,
- disablement.
- accidental death, or
- medical expenses or the reimbursement of these expenses.

However, disability insurance does not include workers' compensation insurance or credit disability insurance. These two types of insurance premiums cannot be used in calculating this credit.

What information do I have to include with my tax return when I claim this credit?

- Individuals. If you are filing a paper return, include a copy of Form HI with your individual income tax return.
- **C corporations.** If you are filing a paper return, include a copy of Form HI with your corporate income tax return.
- S corporations and partnerships. If you are filing a paper return, include Form HI with your Montana information return Form PTE and include a separate statement identifying each owner and their share.

You will need to complete a separate Form HI for each source you are receiving the credit from. For example, if you are a partner in one partnership that qualifies for this credit, and you, as an individual, also qualify for this credit, you would need to complete two forms.

If you file electronically, you do not need to mail this form to us unless we contact you for a copy.

Part I. Partners in a partnership or shareholders of an S corporation

If you complete Part I, do not complete Part II or III.

If you received this credit from a partnership or S corporation, you will need to fill out Part I in its entirety.

Your portion of the credit can be obtained from the Montana Schedule K-1 that you received from the entity. In addition to reporting your portion of the credit, you will need to provide the partnership's or S corporation's name and Federal Employer Identification Number.

If you are a partner or shareholder in more than one partnership or S corporation, you will need to complete a separate Form HI for each entity you are receiving the credit from.

Part II. Qualifications

To qualify for this credit, you must answer *yes* to each of the four statements in Part II.

Line 1–You must have been in business in Montana for at least 12 months.

Line 2–You must employ at least 2 but not more than 20 employees who work at least 20 hours a week during the year the credit is claimed.

For the purpose of this credit, an employee can be the sole proprietor, a partner in a partnership, or an independent contractor as long as each class of employee is included as an employee under your employer health benefit plan.

If you had seasonal employees that increased your total employee count to more than 20 employees in the year, you are not eligible to claim this credit. However, if your seasonal employees did not increase your employee count to more than 20, you will qualify for this credit as long as you meet all other requirements.

If you had employee turnover throughout the year that increased the total number of individuals who worked for you to more than 20, you will still be eligible for the credit as long as your total employee count did not exceed 20 employees at any one time.

Line 3–At least 50% of each employee's insurance premium must be paid by the employer. The insurance policy must meet the minimum requirements of the Small Employer Health Insurance Availability Act.

Line 4–You cannot claim this credit for a period of more than 36 consecutive months beginning with the first month for which the credit is claimed. In addition, this tax credit cannot be granted to an employer or the employer's successor within 10 years of the last consecutive credit claimed.

Part III. Credit Computation

Complete the table in Part III. Please note that there are only 10 lines on the chart because you are not entitled to a tax credit for more than 10 employees.

Line 1–Multiple the total of Column F by 50%. Your credit cannot exceed 50% of the premium cost for each employee.

Line 2-Enter the total of Column G.

Line 3–Enter the smaller of line 1 or line 2. If the amount on this line exceeds your tax liability, you cannot carry back or carry forward any of your unused credit.

Administrative Rules of Montana:

42.4.2801 through 42.4.2803

Questions? Call us at (406) 444-6900 or Montana Relay at 711 for the hearing impaired.